

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Francine Schiller
Name
(2) 1965 So. Ocean Drive Apt 17A
Address (number and street)
Hallandale Beach FL 33009.
City, State, Zip Code

HALLANDALE
CITY CLERK
OFFICE USE ONLY
05 JAN 13 PM 5:56

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: N/A

(4) Check appropriate box(es):

☒ Candidate (office sought):

City Commission

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 01 / 04 To 12 / 31 / 04 Report Type Q4

☐ Original

☐ Amendment

☐ Special Election Report

☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 2,000.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 2,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 0

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☒ Candidate

☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Francine Schiller (2) I.D. Number _____

(3) Cover Period 10 / 01 / 04 through 12 / 31 / 04 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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(1) Name _____ (2) I.D. Number _____

(3) Cover Period ____/____/____ through ____/____/____ (4) Page _____ of _____

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